

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215535346						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: RESEARCH TRIANGLE INSTITUTE 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA </div> <div style="width: 35%;"> DUE DATE: 10/31/2015 SCC ID NO: F0170904 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY								
4.) STATE OR COUNTRY OF INCORPORATION: NC								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 3040 CORNWALLIS RD CITY/ST/ZIP: RESEARCH TRIANGLE PARK, NC 27709 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
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NAME:	STEPHEN P SNYDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709		
NAME:	G. EDWARD STORY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/G COUN/S		
ADDRESS:	3018 BUCKINGHAM RD		
CITY/ST/ZIP/CO:	APEX, NC 27502		
NAME:	JAMES A. TRAINHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESERACH TRIANGLE PARK, NC 27709		
NAME:	AARON S. WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESERACH TRIANGLE PARK, NC 27709		
NAME:	E. WARD SAX	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	105 DOWNING FOREST PLACE		
CITY/ST/ZIP/CO:	CARY, NC 27519		
NAME:	CHRISTOPHER F BUCHHOLTZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709-2194		
NAME:	THOMAS F. DARDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709		
NAME:	BARBARA ENTWISLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709		
NAME:	ROBERT A. INGRAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESERACH TRIANGLE PARK, NC 27709		
NAME:	PETER LANGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709		
NAME:	TERRI L. LOMAX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3040 CORNWALLIS ROAD		
CITY/ST/ZIP/CO:	RESEARCH TRIANGLE PARK, NC 27709		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HALROLD L. MARTIN, SR. DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. G. CHAMPION MITCHELL DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN H. MOELLERING DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM M. MOORE, JR. DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. TROY NAGLE DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HILDA PINNIX-RAGLAND DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER M. SCOTT, III DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES N. SIEDOW DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHAIL WYNN, JR. DIRECTOR 3040 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHRISTOPHER F BUCHHOLTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER F BUCHHOLTZ, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/25/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			